

SECTION A County/Provider Information

1. Date: \_\_\_\_\_

2. County Name: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

4. Provider ID No.: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

6. Provider Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

7. Telephone No.: (\_\_\_\_) \_\_\_\_\_

8. Fax No.: (\_\_\_\_) \_\_\_\_\_

9. E-mail Address: \_\_\_\_\_

10. Type of Contract: ☐ In-County Contract  
☐ County Operated  
☐ Out-of-County Contract

11. Reporting Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

SECTION B Program Information

1. Program Status Please check the appropriate box. ☐ New Program - Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Existing Program

2. Program Description Please provide a description of the program that details the primary prevention services being delivered.

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3. ADP Negotiated Net Amount Contract Prevention Business Practices:

Please check all the boxes that apply.

	Yes	No
(a) <u>Assessment of Needs with Data:</u> Do you, through the use of data relevant to specific communities, identify at risk and under-served populations and their environmental risks related to alcohol and other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <u>Prioritize &amp; Commit to Purpose:</u> . Do you, through local or regional advisory bodies (coalitions), establish prevention priorities for the assessed needs; provide a sound validation for the selection of priorities and identify the benefits; and provide evidence that identified priorities and desired outcomes are culturally relevant to priority populations?	<input type="checkbox"/>	<input type="checkbox"/>
(c) <u>Determine Outcome Objectives &amp; Measurements.</u> Do you establish the desired goal/outcome, objectives, and actions using well-defined terms; determine the “who, what, where, when and how” that will attain these; and specify how prevention actions will be measured to monitor interim and final results?	<input type="checkbox"/>	<input type="checkbox"/>
(d) <u>Proven Prevention Strategies:</u> Do you select prevention activities/services based on identified theories or practices supported by evaluation/research evidence that substantiates these actions are, or promise to be, effective for attaining the desired outcome and select or adapt actions to assure they are culturally relevant to the intended populations and communities?	<input type="checkbox"/>	<input type="checkbox"/>
(e) <u>Evaluate Measured Results &amp; Improve:</u> Do you use goal and objective measurements to assess steps toward achieving the desired outcome as well as the final results and apply this data to continuously refine, strengthen, and sustain the prevention effects?	<input type="checkbox"/>	<input type="checkbox"/>

4. Accessibility

Please check all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

☐ (a) Hearing

☐ (b) Mobility

☐ (c) Vision

☐ (d) Speech

☐ (e) Mental

☐ (f) Developmental

☐ (g) Other (specify) \_\_\_\_\_

5. Strategies Delivered

Please check the boxes that coincide with the strategy forms that will be completed.

☐ (1) Information Dissemination (ADP 7235B)

☐ (2) Education (ADP 7235C)

☐ (3) Alternatives (ADP 7235D)

☐ (4) Problem Identification & Referral (ADP 7235E)

☐ (5) Community-Based Process (ADP 7235F)

☐ (6) Environmental (ADP 7235G)

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

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5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

2. Provider ID No.: \_\_\_\_ \_

4. Contact Person: \_\_\_\_\_

6. Reporting Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers\*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth\*

☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth\*

☐ (ij) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Conferences/Fairs																									
(b) Health Fairs/ Promotions																									
(c) Speaking Engagements																									
(d) Other (specify) _____																									

C5 Services Not Requiring Demographics		Frequency			Frequency
(e)	A/V Materials Developed - Original		(o)	Newsletters Disseminated	
(f)	A/V Materials Disseminated		(p)	Printed Materials Developed	
(g)	Brochures/Pamphlets Developed		(q)	Printed Materials Disseminated	
(h)	Brochures/Pamphlets Disseminated		(r)	Public Service Announcements Dev eloped - Original	
(i)	Clearinghouse/Info Resource Centers in Operation		(s)	Public Service Announcements Aired	
(j)	Curricula Developed – Original		(t)	Resource Directories Developed – Original	
(k)	Curricula Disseminated		(u)	Resource Directories Disseminated	
(l)	Media Campaigns Developed		(v)	Telephone Information Service Calls	
(m)	Media Campaigns Conducted		(w)	Web Sites in Operation	
(n)	Newsletters Developed – Original				

SECTION D Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

2. Provider ID No.: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

6. Reporting Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers\*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth\*

☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth\*

☐ (jj) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter in the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Children of Substance Abusers Groups																									
(b) Classroom Education Services																									
(c) Educational Services for Youth Groups																									
(d) Friday Night Live (FNL)/Club Live/FNL Kids																									
(e) Mentoring																									
(f) Parenting/Family Management Services																									
(g) Peer Leader/Helper Program																									
(h) Preschool ATOD Prevention Programs																									
(i) Small Group Sessions																									
(j) Theatrical Troupes																									
(k) Other (specify) _____																									

SECTION D  
Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

2. Provider ID No.: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

6. Reporting Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers\*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth\*

☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth\*

☐ (jj) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
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(a) ATOD-Free Social/ Recreational Events																									
(b) Community Drop-In Centers Operating		N/A																							
(c) Community Drop-In Center Activities																									
(d) Community Service Activities																									
(e) Friday Night Live (FNL) Club Live/FNL Kids																									
(f) Outward Bound																									
(g) Recreational Activities																									
(h) Youth/Adult Leadership Activities (Includes Mentoring)																									
(i) Other (specify) _____																									

SECTION D

Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

2. Provider ID No.: \_\_\_\_ \_

4. Contact Person: \_\_\_\_\_

6. Reporting Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

<input type="checkbox"/> (a) Business and Industry	<input type="checkbox"/> (g) Elementary School Students	<input type="checkbox"/> (p) Homeowners Associations	<input type="checkbox"/> (y) People With Mental Health Problems*
<input type="checkbox"/> (b) Children of Substance Abusers*	<input type="checkbox"/> (h) Employee Groups/Unions	<input type="checkbox"/> (q) IV Drug Users	<input type="checkbox"/> (zh) Retailers
<input type="checkbox"/> (c) Civic Groups/Coalitions	<input type="checkbox"/> (i) Fire Professionals	<input type="checkbox"/> (r) Law Enforcement/Military	<input type="checkbox"/> (ii) Runaway/Homeless Youth*
<input type="checkbox"/> (d) College Students	<input type="checkbox"/> (j) Gangs	<input type="checkbox"/> (s) Lesbian/Gay/Bisexual/Transgender	<input type="checkbox"/> (jj) School Dropouts*
<input type="checkbox"/> (e) Delinquent/Violent Youth*	<input type="checkbox"/> (k) General Population	<input type="checkbox"/> (t) Local Municipal Agencies	<input type="checkbox"/> (kk) Social Service Providers
<input type="checkbox"/> (f) Economically Disadvantaged*	<input type="checkbox"/> (l) Government/Elected Officials	<input type="checkbox"/> (u) Middle/Jr High School Students	<input type="checkbox"/> (ll) Teachers/Administrators/Counselors
	<input type="checkbox"/> (m) Health Professionals	<input type="checkbox"/> (v) Neighborhood Associations	<input type="checkbox"/> (mm) Voluntary/Fraternal Community Service
	<input type="checkbox"/> (n) High School Students	<input type="checkbox"/> (w) Older Adults	<input type="checkbox"/> (nn) Women and Children
	<input type="checkbox"/> (o) HIV Infected Persons	<input type="checkbox"/> (x) Parents/Families	<input type="checkbox"/> (oo) Youth/Minors
			<input type="checkbox"/> (pp) Other (specify) _____

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
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(a) Employee Assistance Programs																									
(b) DUI/DWI/MIP Education Programs																									
(c) Mens Alternative to Violence Programs																									
(d) Prevention Assessment and Referral Services																									
(e) Student Assistance Programs																									
(f) Womens Alternative to Violence Programs																									
(g) Other (specify) _____																									

SECTION D Where Services Occurred

Please check all that apply.

<input type="checkbox"/> (a) Alternative Schools	<input type="checkbox"/> (e) Criminal Justice System	<input type="checkbox"/> (i) Parks/Recreation	<input type="checkbox"/> (m) Street Outreach	<input type="checkbox"/> (q) Work Place
<input type="checkbox"/> (b) Community At Large	<input type="checkbox"/> (f) Faith Center	<input type="checkbox"/> (j) Public Housing	<input type="checkbox"/> (n) Transitional Housing	<input type="checkbox"/> (r) Youth Clubs/Center
<input type="checkbox"/> (c) Community Center	<input type="checkbox"/> (g) Health Center/Clinic	<input type="checkbox"/> (k) Residential Treatment	<input type="checkbox"/> (o) Treatment Facility	<input type="checkbox"/> (s) Other (specify) _____
<input type="checkbox"/> (d) County/Provider Office	<input type="checkbox"/> (h) Hospital	<input type="checkbox"/> (l) School	<input type="checkbox"/> (p) University/College	

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

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5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

2. Provider ID No.: \_\_\_\_ \_

4. Contact Person: \_\_\_\_\_

6. Reporting Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

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☐ (c) Civic Groups/Coalitions

☐ (d) College Students

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☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

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☐ (t) Local Municipal Agencies

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☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

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☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

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				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multietnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Community/Volunteer Services for Training																									
(b) Friday Night Live (FNL) Club Live/FNL Kids																									
(c) Technical Assistance (TA)																									
(d) Training Services																									
(e) Other (specify) _____																									

C5 Services Not Requiring Demographics

		Frequency
(f)	Assessing Community Needs/Assets	
(g)	Accessing Services/Funding	
(h)	Community Team Activities (Multi-agency coordination/collaboration)	
(i)	Formal Community Teams	
(j)	Systematic Planning Services	

SECTION D Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

2. Provider ID No.: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

4. Contact Person: \_\_\_\_\_

6. Reporting Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

SECTION B Target Environments Please check all boxes that apply.

B1 Places:

☐ (a) Alcohol Outlets

☐ (b) AOD Treatment/Recovery

☐ (c) Correctional Facilities

☐ (d) Faith Center

☐ (e) Health Care Facilities

☐ (f) Hotel/Motel

☐ (g) Neighborhoods

☐ (h) Open Space

☐ (i) Public Facilities

☐ (j) Residences

☐ (k) Schools

☐ (l) Shopping/Commercial Area

☐ (m) Vehicles

☐ (n) Workplace

☐ (o) All other places (specify) \_\_\_\_\_

B2 Events:

☐ (p) Block/Street Parties/Community Events

☐ (q) Conventions and Trade Shows

☐ (r) County Fairs and Other Mass Events

☐ (s) Graduation/Other Institutional Events

☐ (t) National/State Holiday Celebration

☐ (u) Special Events for Affinity Groups

☐ (v) Other (specify) \_\_\_\_\_

B3 Problems and Environmental Approaches Used Please check all boxes that apply.

Problems	Approaches								Problems	Approaches							
	Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media		Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media
(a) Public Inebriation/Public Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Youth Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Loitering, Littering, Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Illicit Drug Dealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Heavy Drinking or Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Driving Under the Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Workplace/Other Org. Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4 Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers\*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth\*

☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth\*

☐ (jj) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Environmental Services Provided For The Reporting Years

	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(a) Zoning Ordinances for Alcohol Outlets, New			
(b) Zoning Ordinances, Abate Existing Outlets			
(c) Drinking in Public Ordinances Passed/Improved			
(d) One-Day Event Requirements Passed/Improved			
(e) School Policies Passed/Improved (K-12)			
(f) School Policies Passed/Improved (college)			
(g) Workplace Policies (not EAP, programs only)			
(h) State ABC Regulations Passed/Improved			
(i) Other Local Control Powers Passed/Improved			

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	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(j) Social Host Training/Management Programs			
(k) Commercial Host Training/Management Programs			
(l) Holiday Campaigns and Special Events			
(m) Managing Hi-risk Advertising/Billboard Controls			
(n) Facility Design to Prevent AOD Problems			
(o) Improved Enforcement			
(p) Neighborhood Mobilization			
(q) Community Development			
(r) Other (specify)			